Labor Organization Officer and Employee Report

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 07-31-2004

9			11-04-497			
Name and address of person filing		2. Name and address of lab	or organization			
Michael Swamp		Iron Workers Local 440				
PO Box 365		801 Varrick Street				
Hogansburg, NY 13655		Utica, NY 13!	502			
3. Position in labor organization Business Manager		31, 2002	5. File number (if assigned) U-1375			
Enter appropriate data below if, during the past fit terests (except as specified in the exclusions set	rorth in the instruct	ions):				
 Held an interest in, engaged in transactions (ii employer whose employees your organization 	ncluding loans) with n represents or is ac	, or derived income or other ctively seeking to represent.	economic benefit of monetary value from an			
6. Name of Employer		Address of Employer	·			
7. Nature of Interest, Transaction or Income						
B. Held an interest in or derived income or economic	c benefit with monet	ary value from a business (1) a substantial part of which consists of buying			
morn, sening or leasing to, or otherwise dealing wi	ith the business of an	emolover whose emolovees	four labor organization represents as is a still			
seeking to represent, or (2) any part of which consorganization or with a trust in which your labor organization.	anization is intereste	r selling or leasing directly or ir d.	ndirectly to, or otherwise dealing with your labor			
8. Name of business		Address of business				
Mohawk Plumbing PO Box			5			
9. Business deals with—		10. If 9B or 9C is checked giv	e trust or employer's name			
A. Labor Organization B. Trust		g.,	o trade of driptoyer smalle			
	☐ C. Employer		S TOL ESA OLD			
 Nature and approximate dollar value of such dealing 	js .		MAY 3 O 2003			
Misc office supplies pr	ovided by	Mohawk Plumbin	g. for the BUFFALO			
year 2002 paid \$600	ovided by	IIOIIAWII I I AMDIII	ST TOT CITE VECENES			
Nature of interest held or income received						
M'-1-1 G	6 15 1	1 ml 1 t				
Michael Swamp is the ow			I a call 440 littina NV			
and also the Business M	anager for	If on workers	LOCAL 440, ULICA, NI			
Received from any employer (other than an employer any payment of money or other thing of value	oloyer covered under	parts A and B above) or from	any labor relations consultant to an employer			
3. Name and address of employer or co	onsultant [] [1	Nature of payment				
			DOLEG			
			3 Rec'd			
· ·			JJN23 ²⁰⁰³			
			Que Del			
IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS						

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Muchael Swang	at Hogansburg,		on May	27,	2003
(City	State	Date		